



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 1400

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/413,012	<b>FILING OR 371(c) DATE</b> 10/05/1999 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 4496	
<b>APPLICANTS</b> ALBERT K. CHIN, PALO ALTO, CA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/133,136 08/12/1998					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/28/1999</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> LENA I. VINITSKAYA 3200 LAKESIDE DRIVE BUILDING B. 3RD FLOOR M/S 314 SANTA CLARA ,CA 95054					
<b>TITLE</b> TISSUE DISSECTOR APPARATUS					
<b>FILING FEE RECEIVED</b> 2166	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		